INFECTION PREVENTION AND CONTROL REVIEW: 2023-2024

As a long-term acute care hospital, our patient population is more acute with significant numbers of resistant bacteria in cultures seen on and during admission. Patients are more complex from a medical and pulmonary standpoint.

Regardless of the presence or absence of a disease warranting disease-specific precautions, UNIVERSAL BODY SUBSTANCE PRECAUTIONS WITH HAND HYGIENE AND GLOVE USE ARE TO BE USED IN CARING FOR ALL INPATIENTS AT HFSC! These are the hospital's standard precautions for patient care.

Please review the following important points:

- Hand Hygiene is the first line of defense against infections and Hospital for Special Care follows CDC guidelines on hand washing. Soap and alcohol foam are provided for your use. Alcohol foam is to be used when hands are not visibly soiled. Hand hygiene is the responsibility of all employees. It is critical to patient safety and care. The infection prevention and control department and the infection prevention and control committee members monitor compliance with this policy.
- Universal Body Substance Precautions (UBSP) are to be followed with all patient care. If you are handling bodily fluids, respiratory secretions, of if splashing is likely, protection must be worn. Hand hygiene is required before and after use of gloves. **Gloves are to be worn with all inpatient contact and is required when in contact with patients who are colonized or infected with multidrug resistant organisms (MDRO) such as MRSA, VRE, ESBL (extended spectrum beta lactamase) producers and other selected resistant gram negative bacteria. Bacteria such as Carbapenem Resistant Acinetobacter baumanii (CRAB) and Carbapenem Resistant Enterobacteriaceae (CRE) require contact precaution isolation with hand hygiene, gloves and gown use.**

The Bloodborne Pathogens Standard and the Tuberculosis Prevention Plan, are to be followed at all times. (Both documents can be found online at HFSC's Intranet, Inspire. As part of TB prevention, a PPD (with results read 48 hours after placement) is done on hire. For those persons in the core group of employees using an N95 mask, mask fit testing is required and done annually.

- Disposable items are not to be re-used.
- We strongly encourage immunization for preventable infectious diseases, such as Hepatitis B, and communicable diseases such as Pertussis, Varicella, Measles, Mumps and Rubella. Vaccinations are provided at no charge to all employees for Hepatitis B and Influenza. **HFSC follows a policy of universal influenza vaccination and it is mandatory for all hospital employees, as well as, students, residents, fellows and contracted staff/consultants. COVID-19 vaccine is mandatory for all students and staff.**
- Admission surveillance screening is done for resistant organisms, such as MRSA and VRE with urine and sputum to rule out gram negative bacteria; monitoring for these and other resistant organisms is ongoing. In addition, all antibiotic use is monitored. Under the surveillance program all patient infections are monitored as well as those patients who are admitted with or develop MDROs (Multi Drug Resistant Organisms).
- Work Practice Controls, such as safety devices, are to be used to decrease risk of accidental sharps exposures and are available for all procedures.
- Prompt reporting of exposures to blood and body fluids to the Infectious Disease group on call or APRN on-call must be done to provide confidential and appropriate testing and care to you, the practitioner.
- The Infection Preventionist must be notified when one of the following diagnoses is made or being considered for the following conditions (confirmed or suspected):
  -Hepatitis (A,B,C)
  -Herpes zoster (shingles)
  -Tuberculosis (any site)
  - Salmonella/Shigella

-Human immunodeficiency virus (HIV) infection, whether asymptomatic or symptomatic (AIDS) -Resistant bacteria (MDRO) such as MRSA, VRE, ESBL, CRE, CRAB or others as identified by the Infectious Diseases physician	-Any unusual patters of infection (ex: influenza, respiratory illnesses, GI symptoms, etc. -German measles (Rubella) -Chicken Pox (Varicella) -Mumps -Measles (Rubeola)

The procedure to place a person in isolation should be followed. Specific guidelines for each disease are located in the section under "Centers for Disease Control" in the policy. The complete policy is available for your review online at HFSC's Intranet - Inspire. At the top left-hand corner of the page under Documents, click on Symplr Policies & Procedures and then click on the folder to see a drop-down menu of departments. If a patient is placed on isolation, an order is required. If C.*difficile* is identified, an order for "enteric contact precautions" is required.

Should you need further education or have questions, please call:
860- 827-1958, ext. 3830 (the Infection Preventionist)
at Hospital for Special Care

HAND HYGIENE

PURPOSE: To prevent and reduce the risk of healthcare associated infection (HAI) to patients, staff and visitors

POLICY: 1. Hand hygiene education will be provided to staff, patients and visitors and will be performed as follows:

a. Upon arrival to the hospital unit and after all breaks	d. Before and after each patient contact	g. After contact with blood or bodily fluids
b. Upon entering/exiting a patient's room	e. Whenever hands come in contact with dirty/contaminated surfaces	h. After use of the bathroom facilities
c. Before and after using gloves	f. Before and after handling an invasive device	i. Before leaving the hospital

2. The performance of hand hygiene will be monitored through the infection prevention and control committee with appropriate interventions when necessary based on results of monitoring audits.

ALCOHOL FOAM SCRUB

POLICY: Alcohol Foam Scrub will be used as an alternative method for hand cleansing. Alcohol foam is to be used when hands are not visibly soiled	**EQUIPMENT:** Can of Alcohol Foam Scrub located on the wall.

PROCEDURE

1. Dispense Foam Scrub in one hand. 2. Spread and rub the foam quickly over both hands and fingers **until completely dry.** 3. Foam Scrub is provided in the patient care areas or locked in medication room/cart and other designated areas.	**SPECIAL CONSIDERATIONS One pull to palm of your hand** (use small amount of foam, quarter size)  1. Do not use in or around eyes. 2. Contents under pressure. Do not puncture, incinerate or store and use between 55-85° Fahrenheit for optimal foam density.

STANDARD HANDWASHING	
	SPECIAL CONSIDERATIONS
1. Turn on the faucet. 2. Completely wet hands up to wrists with water. 3. Apply soap. Rub hands together to produce lather for a total of 20 seconds. 4. Rinse well; hold hands and fingertips downward under running water. 5. Dry thoroughly with paper towel. 6. Turn off water with paper towel. 7. Place paper towel in waste basket.	Moderate temperature to prevent skin breakdown. **<u>FINGERNAILS SHOULD BE CLEAN AND NOT EXCEEDING ¼ INCHES IN LENGTH. ARTIFICAL NAILS ARE NOT TO BE WORN IN CLINICAL AREAS. THIS INCLUDES GEL OR ACRYLIC EXTENSIONS. AVOID CHIPPED FINGERNAIL POLISH.</u>** Reduce contamination potential. 
BLOODBORNE PATHOGENS DISEASE PREVENTION	
PURPOSE: To prevent infections with hepatitis following percutaneous (e.g., needlestick or bite), mucous membrane, or non-intact skin exposures to blood.	**POLICY:** Accidental exposures to blood will be evaluated and appropriate treatment will be initiated to prevent infections with bloodborne pathogens, such as Hepatitis B, C, and HIV. Patients will be tested for Hepatitis B and C, and HIV when a significant percutaneous exposure has occurred to a healthcare worker.

PROCEDURE:

1. All needlestick injuries and significant parenteral exposures will be documented by an Incident Report within 24 hours of the occurrence.

2. The Infection Preventionist will be notified (at ext. 3830) or called directly for exposures that occur during the weekday.

2.1 The above-mentioned message must include name, clinical area or department and a current telephone number where the involved person can be reached.

3.In the event that the Infection Preventionist is unavailable, as well as on weekends, holidays and at night, the oncall Infectious Diseases Physician/APRN is to be notified.

The complete policy is available for your review online at HFSC's Intranet <u>Inspire</u>. At the top left-hand corner of the page under Documents, click on Symplr Policies & Procedures and then click on the folder to see a drop-down menu of departments.

The Bloodborne Pathogens Prevention Program includes:

- Guidelines for Prevention of Infection
- Universal Body Substance Precautions (UBSP)
- Hepatitis Vaccination Program for Employees
- Post Needlestick/Exposure Evaluation
- Confidential employee records
- Work practices that eliminate or minimize employee exposure
- Housekeeping procedure to ensure cleanliness and sanitation

BLOOD BORNE PATHOGEN EXPOSURE CONTROL PLAN

GENERAL GUIDELINES

Hospital for Special Care recognizes the importance of the Bloodborne Pathogens Standard and that occurrence of these bloodborne diseases can have a long-term impact on our staff, patients, and the community.
The Infectious Diseases group on call and Infection Prevention and Control Department are required to provide a safe, confidential and supportive environment for all.

We encourage all HFSC staff who perform exposure-prone procedures to know and report their Hepatitis B, Hepatitis C, and HIV status to the Infectious Disease group on call or the ID APRN in house. Healthcare workers who are Hepatitis B surface antigen (HBsAg) positive but Hepatitis B e antigen (HBeAg) negative or Hepatitis C antibody positive should discuss this with the Infection Prevention and Control Department to review practice issues that are relevant to infection prevention and control.

All situations will be handled on a case-by-case basis in accordance with the hospital's policies, public health codes, and the Americans with Disabilities Act as appropriate and with the strictest of confidence to ensure the most favorable outcome for all involved.

Employees

As with all of our hospital's activities, our employees have the most important role in our bloodborne pathogens compliance program, for the ultimate execution of much of our Exposure Control Plan rests in their hands. In this role they must do things such as:

- Know what tasks they perform that have occupational exposure.
- Attend designated education sessions.
- Plan and conduct all operations in accordance with our work practice controls.
- Develop good hand hygiene habits and appropriate use of Personal Protective Equipment (PPE) based on task.
- Report any accident or injury promptly at the time of the occurrence.

Details of the Plan are in the Exposure Control Plan are available on the HFSC Intranet at Inspire. At the top left-hand corner of the page under Documents, click on Symplr Policies & Procedures and then click on the folder to see a drop-down menu of departments.

PERSONAL PROTECTIVE EQUIPMENT

Personal Protective Equipment is our employees' last line of defense against bloodborne pathogens. Because of this, Hospital for Special Care provides Personal Protective Equipment (PPE) to protect employees against exposures. This equipment includes, but is not limited to:

1. Gloves 2. Gowns 5. Masks 6. Face shields	3. Safety glasses 4. Goggles 7. Mouth pieces 8. Individual patient resuscitation bags, as well as PPE kits in high-risk areas hospital-wide.
Hypoallergenic gloves, glove liners, or similar alternatives will be provided to employees who are allergic to the gloves our hospital normally uses	

ANTIMICROBIAL STEWARDSHIP PROGRAM (ASP)

PURPOSE: To comply with best practices regarding antimicrobial prescribing, promote rational and appropriate antimicrobial therapy while improving clinical outcomes, and minimize unintentional side-effect of antimicrobial use, including toxicity and emergence of resistant organisms.

POLICY: Hospital for Special Care's Antimicrobial Stewardship Program (ASP) monitors compliance of best practices regarding antimicrobial prescribing which include: 1. Antimicrobial management 2. Surveillance monitoring	3. Escalation or de-escalation of antibiotic therapy once type of infection and sensitivities are known 4. Formulary restrictions 5. Educational activities
Hospital for Special Care's Antimicrobial Stewardship Program (ASP) has the written support of the hospital's Chief Executive Officer and its goals and processes are supported by HFSC's CEO and President as well as its Administrative leaders and Board of Directors.	
PROCEDURE: **1.** The program assessment and strategic plan is based on current national guidelines for Antimicrobial Stewardship. The outcomes and components of the program shall be tracked and reported to the Pharmacy and Therapeutics (P&T) and Infection Prevention and Control (IPC) Committees semi-annually via QA reports and annually via individual campus generated antibiograms.	**4.** The Antibiotic Stewardship Program will incorporate: a) Review of patient Culture & Sensitivity reports for potential adjustments to antimicrobial regimens (i.e. de-escalation or combination therapy). This will include: • Antibiotic Use Monitoring ▪ Renal Dosing as appropriate ▪ IV to PO Conversion when possible b) Communication of pertinent antimicrobial therapy adjustment recommendations c) Daily review of appropriate utilization of restricted antimicrobials d) Suggested escalation and de-escalation of antibiotic choices based on culture and sensitivity results and patient clinical status e) Parenteral to enteral antibiotic conversions when possible f) Pharmacokinetic monitoring by pharmacy when drug levels are ordered g) Renal dosing adjustments as needed
2. The ASP is directed by the Clinical Pharmacy Coordinator with support from the Infectious Disease Physician and the Infection Preventionist/APRN with support from the	**5. Educational Activities** Education to prescribers and other relevant staff regarding best practices will occur during infectious disease clinical rounds and daily discussion with prescribers upon receipt

Pharmacy staff and Laboratory.	of culture sensitivity and resistance reports from the Lab and results of microbiologic trending outcomes**.**
3. Antibiotic orders will be reviewed for antimicrobial regimens ordered for patients for: a) Appropriate choice based on culture results and patient clinical status b) Appropriate indication c) Dose optimization based on diagnosis d) Preferred route of administration as determined by clinical status and diagnosis e) Duration of therapy with appropriate ordered discontinuation dates f) Drug interactions g) Potential for toxicity h) Escalation or De-escalation of Antibiotic Therapy as guided by finalized culture results and resistance patterns i) Allergy review The clinical pharmacists, as well as, the Infectious Diseases Physician/APRN, are available to discuss best initial antibiotic and subsequent best treatment choices.	**6. Antimicrobial Management Protocol and Surveillance** a) Antimicrobial Stewardship provides ongoing monitoring of antibiotic use. b) An annual antibiogram is developed for New Britain and Hartford by campuses contracted laboratory services. c) All antibiotic orders are monitored daily for appropriateness including indication, route, dose, and duration of therapy for the specific infection identified. d) Patient medical records are also reviewed re: patient status, specimen culture and sensitivity results and final antibiotic choice. e) Antibiotic adverse events are monitored by pharmacy and forwarded to infectious disease MD/APRNs for review and confirmation. f) A partial antibiotic formulary restriction process is maintained and compliance is monitored by pharmacy and infectious disease MD/APRN. Compliance trends are reported via semi-annual QA reports to Pharmacy and Therapeutics (P&T) Committee as well as the Infection Prevention and Control Committee (IPCC) for oversight review. g) Antibiotic use/trending issues are reviewed/discussed at IPCC. h) Annual New Britain and Satellite Antibiograms are reviewed/discussed at P&T and IPCC meetings. Antibiograms and comparison trending review are sent to prescribers and pharmacy annually.

7. Formulary Restrictions

a) A list of restricted antibiotics is made available to healthcare providers including trainees on rotation electives at HFSC.
b) Restricted antibiotic use is reviewed by the Infectious Disease MD/APRN and Pharmacy for appropriate choice and use.
c) Restricted Antibiotic QA Report is reviewed semi-annually and presented to the Infection Prevention and Control and Pharmacy and Therapeutics (P&T) Committees. Variances with ordering are trended monthly at P&T Committee.
d) Off formulary antibiotics are approved and used as needed and monitored for adverse events and clinical outcomes

Restricted Antibiotic Formulary – New Britain Campus		
Ampicillin/Sulbactam (Unasyn)	Daptomycin (Cubicin)	Meropenem (Merrem)
Avibactam/Ceftazidime (Avycaz)	Ertapenem (Invanz)	Mupirocin (Bactroban)
Aztreonam (Azactam)	Levofloxacin (Levaquin (IV only)	Piperacillin/Tazobactam (Zosyn)
Ciprofloxacin (IV only)	Linezolid (Zyvox)	
Caspofungin (Cancidas)		

TUBERCULOSIS PREVENTION PLAN

Respiratory protection of the health care workers at the Hospital for Special Care (HFSC) is managed through the guidelines in this plan. The Comprehensive Tuberculosis Plan includes:

- Annual computer-based Net Learning Education
- PPD Surveillance
- Ongoing demographic/community Infection Risk Evaluation
- Annual Mask Fit-Testing for that core group of employees who would use an N-95 mask
- Universal Body Substance Precautions (in Infection Prevention and Control Manual)
- Engineering Environmental Control

The Infectious Diseases group on call and the Infection Preventionist are assigned to supervise and direct this plan in conjunction with the Pulmonary Medicine physicians.

MASK FIT TESTING

Mask fit-testing will be done by trained HFSC staff in accordance in Center for Disease Control (CDC) guidelines. Employees who may be assigned to the care of a patient with signs and symptoms of tuberculosis will receive training and appropriate protective equipment for use in designated negative pressure rooms.

A core group of healthcare workers and medical staff will be mask fit-tested on hire and annually and provided with N-95 masks in keeping with CDC guidelines. (A positive pressure respirator or is available for bearded staff and/or those unable to be mask fit-tested).

PUI (Person Under Investigation) for COVID-19 -Healthcare workers and medical staff assigned to care for patient will be mask fit tested and provided with N95 mask in keeping with CDC/OSHA guidelines.

ANNUAL REVIEW: All employees who are part of the core group who have been fitted for N-95 mask will be re-fitted annually and adjustments in size or type will be made as needed. In the event of change in type of masks available, employees will be notified at the time of these changes. These masks are currently stored in the room with RT equipment on the Satellite unit and available on the Close Observation Unit (COU) at the New Britain campus.

RECORD: Occupational Health maintains a computerized list of employees who have been mask fit-tested as well as their mask size.